2nd MIECHV CQI webinar

November 6, 2013

Welcome!

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Questions?
- "Raise your hand" (upper right hand corner) & we'll unmute you so you can speak

OR
- Type into chat box (lower left hand corner) of your screen.

I will send you a follow up email with the slides from this webinar.

Technical difficulties? Contact BJ at 217-333-9726.

All participants are on mute.

Introductions

Deborah Kemmerer: CQI Specialist

Aileen Landau: MIECHV Parent Educator for the Children's Center of Cicero

Today's Agenda

- **Agency CQI Teams**
- QI Team Charters
- Aim Statements
- Sharing time!
  - Successes ☺
  - Struggles ☹

Agency CQI Teams (That's You!)

- Review data & identify one opportunity for improvement

- Use CQI methods and tools to begin one PDSA Cycle (CQI project) per quarter

- Make improvements that increase model fidelity and improve performance against benchmarks

A closer look at Agency Level CQI Teams

- Membership
  - Each team will be composed of approximately 4-9 agency staff
  - Members should include:
    - Home visiting supervisor
    - Home visitors
    - Data entry staff member
    - Support staff
- Members with fundamental knowledge & different perspectives

A closer look at Agency Level CQI Teams (cont.)

- Meeting Schedule
  - Internal meetings need to be scheduled and held on at least a monthly basis
    - Tip: Incorporate CQI into your standing meetings!

  - Learning meetings will be scheduled and held on a quarterly basis via teleconference
    - For all Agency CQI Teams

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A closer look at Agency Level CQI Teams (cont.)

- Team Roles
  - Scribe
    - Must be able to participate in team meetings while also recording the conversation
  - Facilitator
    - Must be able to participate in the meeting while also providing focus and direction for the conversation, ensuring objectives are met, and engaging all team members in the conversation
  - Leader
    - Supports the work of the team and represents the team when needed

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A closer look at Agency Level CQI Teams (cont.)

- Deliverables
  - Begin one CQI project each quarter and submit CQI Team Charter:
    - CQI Agency level plan
    - CQI Action plan
    - If assigned: CQI tool (related to chosen problem)

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- **QI Team Charters**

- Aim Statements

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QI Team Charter

- One to two page document that describes the team's purpose and targeted improvement.
  - Serves as your team's roadmap
  - Help reduce the "now what?" feeling
  - Helps the team come to agreement regarding:
    - Communication
    - Accountability
    - Delivery of products
  - Evolves over the course of the project

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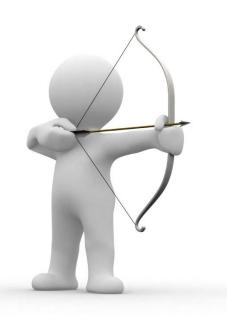# QI Team Charter

- Most charters capture the following:
  - In the Agency plan:
    - Team sponsor
    - Team members and roles
    - Timeline and frequency of team meetings
  - In the Action plan:
    - Problem, issue, or opportunity statement
    - Description of the process improvement
    - Aim statement
    - Clients and their needs
      - Including internal & external stakeholders
    - Timeline for completing each stage of the PDSA cycle

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- **Aim Statements**

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Aim Statements

A concise, specific, written, statement that defines precisely what the team hopes to accomplish with its QI efforts.

Remember the three fundamental questions when writing your aim:

1. What are we trying to accomplish?
2. How will we know that a change is an improvement?
3. What changes can we make that will result in improvement?

Aim Statements

- Include a **numerical measure** for the target

- Are **time specific** and **measureable**

- Define the **specific population** that will be affected

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Let's play... fix that aim!

Vague or Incomplete Aim Statements	SMART Aim Statements
The Sunny County program will increase by 20% the number of families enrolled in the home visiting program.	By September 30, 2014, the Sunny County program will increase by 20% the number of families enrolled in the program (baseline: 40%).
Our retention will improve by 15% by September of 2013.	The Sunny County program will improve the program's retention rate by 15% (from 45% to 60%) by September of 2014.
Sunny County will increase the percentage of enrolled target children who are up-to-date on their well child visits.	By September 30, 2014, the Sunny County program will increase the percentage of enrolled target children who are up-to-date on their well child visits by 25% (from 50% to 75%).
We will increase the number of pregnant mothers who receive adequate prenatal care by September of 2014.	The Sunny County program will increase the percentage of enrolled pregnant mothers who receive adequate prenatal care by 15% (baseline: 60%) by September 2014.

A word of caution: Keep your solution out of your aim statement

By July 31, 2014, the Sunny County program will reduce the time it takes to complete program enrollment forms from 4 visits to 3 visits ~~*by implementing a coordinated intake process and adding 1 additional home visitor.*~~

A word of caution: Let your aim statement evolve

- Aim statements should change over the course of the "Plan" stage as your team:
  - Gathers baseline data
  - Conducts root cause analysis
  - Gets smarter about how to make it SMART!

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- QI Team Charters

- Aim Statements

- **Sharing time!**

  - Successes ☺

  - Struggles ☹

Agency level CQI plan

Agency name: *The Children's Center of Cicero-Berwyn (CCCB)*

Is CQI already present on site, either formally or informally? Describe current CQI state (what already exists?) and desired future CQI state (what will be improved/added and how?).

CQI is currently present informally both within the MIECHV team and the agency as a whole. During team meetings, problems are identified and discussed with strategies proposed and target dates set. Formal data analysis is occasionally used but more often anecdotal data is relied upon. We hope that the MIECHV team's progress through this CQI planning and implementation process will serve as a pilot program for the agency as a whole. We anticipate creating a MIECHV-level CQI team utilizing all 5 members of the team in various roles. In the future, we hope that MIECHV will be one of many sub-teams comprising an agency-wide CQI team.

CQI team and members roles and responsibilities:

MIECHV CQI Team
John McDonnell – Sponsor
Gloria Lagunas - member
Diana Ledesma – scribe – take minutes, procure meeting space if needed, remind members of meetings
Maria Heredia - member
Belen Morales - member
Aileen Landau – chair/facilitator – coordinates with state CQI, facilitate internal CQI processes, and coordinates with other Cicero MIECHV CQI teams
*general member responsibilities will vary with various identified goals with each member taking a more active role in an implementation team on a rotating basis

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CQI meetings and training: How Frequently? Who will be present? How many members? How long will they last?

CQI meetings will occur at least once per month during regularly scheduled team meetings, or as needed. At least the chair, scribe and members of current implementation team(s) will be present. Meetings will last for about 1 hour.

CQI ACTION PLAN-CHANGE CONCEPT: Follow-ups for referrals

FACILITY: *The Children's Center of Cicero-Berwyn*

CONTACT: *Aileen Landau*

GOAL:
1. *To increase percentage of referrals that lead to services received from 43% currently to 60% in 6 months.*

PROBLEM STATEMENT:
1. *Referrals not used at capacity.*
2. *Families who accept referrals do not receive services.*

ROOT CAUSE(S):
1. *Waiting lists*
2. *Lack of transportation*
3. *Poor match between family and referring agency*
4. *Home visitor not following up with family to see if received services*
5. *Home visitor not entering follow up information into visit tracker*

TEAM MEMBERS:

Aileen Landau

Diana Ledesma

Gloria Lagunas

John MacDonnell

Maria Heredia

Belen Morales

INPUTS & RESOURCES	ACTION PLAN	RESPONSIBLE TEAM MEMBER	START DATE	ESTIMATED COMPLETION DATE	ACTUAL COMPLETION DATE	IMPACTS & OUTCOMES
	#7	HV	8/26/2013	2/26/2014		
	#8	HV	8/26/2013	2/26/2014		
	#6	HV Team	8/26/2013	2/26/2014		
	#3	CSD	8/26/2013	11/26/2014		
	#2	HV Team	8/26/2013	Ongoing		
	#9	Diana	9/3/2013	Ongoing		
	#1	HV Team	9/3/2013			
	#4					
	#5					

Strategies: (Action Plan)
1. Home visitors will follow up with agency to which family has been referred.
2. Home visitors will utilize CSD to find alternate resources.
3. CSD will find out caseload/availability at community agencies and communicate such to HVs.
4. HV will form personal contacts with community agencies to make a warm referral directly to known person.
5. HV will investigate transportation options within community for families without access to personal vehicles.
6. HV team will encourage program families to exchange numbers and use each other as resources for transportation and/or childcare – resource swapping.
7. HV will consistently follow up with families by phone/text or in person at next visit to determine if resource was accessed.
8. HV will consistently enter information learned from follow up conversations in visit tracker.
9. Data will be monitored via visit tracker as a reminder to keep entries up-to-date.

Final thoughts

- Next packet: Due November 22nd!
  - Sites have different CQI problems this time ☺.
  - Site-specific problem addressed during monthly meetings

- Needed items:
  - Agency plan
  - Action plan

- Have you scheduled your monthly phone meetings?

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Questions?